

Superior Court of the District of Columbia
PROBATE DIVISION

In re: Intervention Proceeding

_____ No. _____
An Adult

REPORT OF VISITOR

I, _____, Visitor appointed by Order entered on
 _____ submit the following report concerning the investigation
 which I conducted pursuant to D.C. Code §21-2033 (c) and either §20-2041 (d) or §20-
 2054 (a) and Rule SCR-PD 327.

- I. Interview of Subject of Proceeding [Visitor should attempt to make the below inquiries in terms comprehensible to the subject]:**
- A. Date and place of interview: _____

- B. Oriented by time and place? _____ Yes _____ No
- C. Physical appearance: _____

- D. Subject asked and responded as follows:
1. Do you understand my explanation of the substance of the Petition; the nature, purpose and effect of the proceeding; and the general powers and duties of a guardian and conservator?
 _____ Yes _____ No (If no, explain here)
 2. You have the right to retain an attorney at your own expense. If you cannot afford to pay an attorney, one will be provided by the Court without cost of you. Do you have an attorney? _____ Yes _____ No (If yes, give name and address:)

 3. Do you understand that under the law you have the following rights:
 To be present in person at any court proceeding and to see or hear all

evidence bearing on your condition; ___ Yes ___ No

To be represented by counsel; ___ Yes ___ No

To present evidence and cross-examine witnesses, including any court-appointed visitor or physician; ___ Yes ___ No

To have a closed hearing on any issue; ___ Yes ___ No

To contest the Petition ; ___ Yes ___ No

To object to the appointment of the proposed guardian or conservator or their powers or duties; ___ Yes ___ No

To object to the creation of the proposed guardianship or conservatorship or guardian *ad litem* appointed to represent your interests if the Court determines that a need for such representation exists; and ___ Yes ___ No

To have all or a portion of the compensation of any court-appointed visitor, attorney, guardian *ad litem* or physician paid by the Court or the Petitioner if you cannot afford to pay it? ___ Yes ___ No

1. Who are your closest family members? (Give name, address and relationship) _____

5. Do you have a doctor? _____ Yes _____ No (If yes, give name and address) _____

Is this the same doctor who provided a letter (if any attached to the petition filed in these proceedings?
_____ Yes _____ No

6. Do you need help caring for yourself or your finances ?
 ___ Yes ___ No (If yes, how?) _____

7. Who would you like to help care for you? _____

8. How are you currently caring for yourself? _____

9. Describe your income, assets and liabilities. _____

10. Do you know _____, the proposed Guardian or
 Conservator? ___ Yes ___ No
- a. How do you feel about having him/her make decisions
 about your day to day care? _____
- b. What decisions do you want your guardian or conservator
 to make? _____
- c. If a guardian or conservator is appointed, what
 decisions would you like to make for yourself, and
 what actions (e.g. with respect to your property), would
 you like to take for yourself? _____

- d. How do you feel about what is requested in the petition?
 [Visitor should describe request]

- e. Names of third person(s) present during the interview (if any) and
 their relationship to the subject:

II. Interview of Person Seeking Appointed as Guardian or Conservator:

A. Date and place of interview: _____

B. Persons seeking appointment asked and responded as follows:

1. Name, address, home and business telephone numbers, and occupation: _____

2. Relationship to subject of the proceeding: _____

3. Why does subject need help: _____

4. Where has the subject resided during the last three months?

5. Who, if anyone, has been caring for subject during this period?

6. What changes in residence are contemplated? _____

7. What alternative arrangements have you sought to assist subject? _____

8. Have you discussed your plans for care and management with subject?
____ Yes ____ No
9. Does subject agree with your plans?
____ Yes ____ No

III.

Interview of Persons Who Have Evaluated or Rendered Care, Counsel, Treatment or Service to Subject of Proceeding in Recent Past:

- A. Name and position of persons interviewed: _____

- B. Training and qualifications of person interviewed:

C. Dates and types of evaluations of or care, counsel, treatment or services rendered to subject (attach additional sheets if necessary):

_____/_____/_____:
_____/_____/_____:
_____/_____/_____:

D. Diagnosis or opinion of subject's condition (if any) :

E. What functions is the subject unable to perform in his or her daily life? _____

IV. Report on Condition of Subject's Present Place of Abode:

A. Date _____ [] visited [] information otherwise

obtained : _____

B. Address: _____

C. Type of Abode: _____

D. Condition (if a home)

Lawn and landscaping: _____

1. Exterior: _____

2. Interior: _____

a. Utilities working? ____ Yes ____ No

b. Clean? ____ Yes ____ No

c. Fire hazards? ____ Yes ____ No

d. Other (explain): _____

V. Report on Condition of Subject's Proposed Place of Confinement or Residence:

A. Date _____ [] visited [] information

otherwise obtained: _____

B. Location and type of place : _____

C. Condition: _____

VI.

Conclusion of Visitor:

A. The nature and degree of subject's current incapacity or disability is as follows: _____

B. My evaluation of the fitness and appropriateness of the guardian or conservator seeking appointment is as follows: _____

C. I do I do not recommend limitations of the powers of the guardian or conservator seeking appointment. (If limitations recommend, explain) _____

D. I am of the opinion that a guardian *ad litem* should should not be appointed to represent subject because _____

VII.

Additional comments (if any): _____

VIII.

If there is no nominated guardian or conservator , I hereby
nominate _____ to serve as guardian
and _____ to serve as conservator,
for the following reasons: _____

Date _____

Signature of Visitor

Certificate of Service

I hereby certify that on the _____ day of _____,
20____, A copy of the foregoing _____ was served
by first class mail, postage prepaid, upon the following parties to the above
captioned case and persons granted permission to participate pursuant to
SCR-PD 303 and persons who requested notice pursuant to SCR-PD 304.

Signature